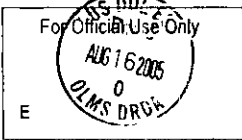


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



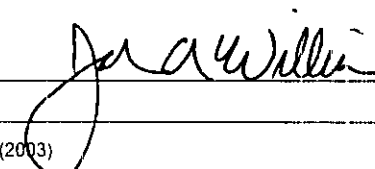
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4676	2. Fiscal Year Covered From: AMENDED 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John A Williams P.O. Box, Bldg., Room No., if any Street 553 John Street City Seattle State Washington ZIP Code + 4 98109-5014	4. Name, file number, and address of labor organization. Name Teamsters Local Union No. 117 Labor Organization File Number 005-960 P.O. Box, Building and Room Number, if any Street 553 John Street City Seattle State Washington ZIP Code + 4 98109-5014
5. Position in labor organization. Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8-10-05 Date	206-441-4868 Telephone Number

Name of Person Filing John Williams

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Northwest Administrators, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington ZIP Code + 4 98102-3393

14.a. Nature of payment.

Food and beverage in connection with meetings of the Board of Trustees in my role as a Union Trustee. Received April 6, 2004.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

 \$34

Name of Person Filing John Williams

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Pacific Coast Benefits Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington ZIP Code + 4 98102-3393

14.a. Nature of payment.

Expenses for Trust meetings as trustee:

2/11/2004	Dinner	\$25
2/12/2004	Breakfast	\$18
2/3/2004	Breakfast	\$16
2/12-13/2004	Lodging, Airfare, Parking	\$686
5/25/2004	Luncheon	\$44
9/29/2004	Luncheon	\$31

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$820

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Washington Teamsters Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Avenue East

City Seattle

State Washington ZIP Code + 4 98109

14.a. Nature of payment.

Expenses for Trust meetings as trustee:

3/31/2004	Breakfast	\$9
3/31/2004	Lunch	\$19
3/31/2004	Break	\$10
9/28/2004	Breakfast	\$11
9/28/2004	Lunch	\$21
9/28/2004	Break	\$12

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$32

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Western States Teamsters Rep Retirement Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 552 Denny Way

City Seattle

State Washington ZIP Code + 4 98109

14.a. Nature of payment.

Expenses for Trust meetings as trustee:

5/11/2004	Beverages	\$5
5/11/2004	Airfare	\$278
5/11/2004	Parking	\$20
5/25/2004	Lunch	\$16
9/15/2004	Beverages	\$7
9/15/2004	Airfare	\$161
9/15/2004	Parking	\$20

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$507

Name of Person Filing John Williams

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Palm Springs Riviera

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1600 North Indian Canyon Drive

City Palm Springs

State California ZIP Code + 4 92262

14.a. Nature of payment.

Amenity for role as Warehouse Division Director:

Gift Basket \$40

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$40

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.